

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND, CA 94612

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 378,695.71

Gross Claim **\$378,695.71**

Net Claim / Payment Amount **\$378,695.71**

YTD Amount: **\$378,695.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE, CA 96120

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 0.00

Gross Claim \$0.00

Net Claim / Payment Amount \$0.00

YTD Amount: \$0.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON, CA 95642

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 2,776.80

Gross Claim **\$2,776.80**

Net Claim / Payment Amount **\$2,776.80**

YTD Amount: **\$2,776.80**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE, CA 95965

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 67,215.83

Gross Claim **\$67,215.83**

Net Claim / Payment Amount **\$67,215.83**

YTD Amount: **\$67,215.83**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS, CA 95249

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 1,137.57

Gross Claim **\$1,137.57**

Net Claim / Payment Amount **\$1,137.57**

YTD Amount: **\$1,137.57**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA, CA 95932

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 1,059.64

Gross Claim **\$1,059.64**

Net Claim / Payment Amount **\$1,059.64**

YTD Amount: **\$1,059.64**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ, CA 94553

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 152,804.35

Gross Claim **\$152,804.35**

Net Claim / Payment Amount **\$152,804.35**

YTD Amount: **\$152,804.35**

For assistance, please call: Lisa Frediani at (916) 323-7979

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY, CA 95531

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 153.88

Gross Claim **\$153.88**

Net Claim / Payment Amount **\$153.88**

YTD Amount: **\$153.88**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE, CA 95667

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 35,425.21

Gross Claim **\$35,425.21**

Net Claim / Payment Amount **\$35,425.21**

YTD Amount: **\$35,425.21**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 443,090.24

Gross Claim **\$443,090.24**

Net Claim / Payment Amount **\$443,090.24**

YTD Amount: **\$443,090.24**

For assistance, please call: Lisa Frediani at (916) 323-7979

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

GLENN COUNTY TREASURER
PO BOX 151

WILLOWS, CA 95988

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 593.05

Gross Claim \$593.05

Net Claim / Payment Amount \$593.05

YTD Amount: \$593.05

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA, CA 95501

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 7,940.35

Gross Claim **\$7,940.35**

Net Claim / Payment Amount **\$7,940.35**

YTD Amount: **\$7,940.35**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO, CA 92243 2863

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 61,566.79

Gross Claim \$61,566.79

Net Claim / Payment Amount \$61,566.79

YTD Amount: \$61,566.79

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE, CA 93526

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 71.41

Gross Claim \$71.41

Net Claim / Payment Amount \$71.41

YTD Amount: \$71.41

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO, CA 95798 1240

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 184,646.06

Gross Claim **\$184,646.06**

Net Claim / Payment Amount **\$184,646.06**

YTD Amount: **\$184,646.06**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

KINGS COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 11,467.38

Gross Claim **\$11,467.38**

Net Claim / Payment Amount **\$11,467.38**

YTD Amount: **\$11,467.38**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT, CA 95453

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 20,253.23

Gross Claim **\$20,253.23**

Net Claim / Payment Amount **\$20,253.23**

YTD Amount: **\$20,253.23**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE, CA 96130

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 7,064.80

Gross Claim **\$7,064.80**

Net Claim / Payment Amount **\$7,064.80**

YTD Amount: **\$7,064.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 3,656,950.21

Gross Claim **\$3,656,950.21**

Net Claim / Payment Amount **\$3,656,950.21**

YTD Amount: **\$3,656,950.21**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 2,040.77

Gross Claim **\$2,040.77**

Net Claim / Payment Amount **\$2,040.77**

YTD Amount: **\$2,040.77**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER

SAN RAFAEL, CA 94913

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 21,649.93

Gross Claim **\$21,649.93**

Net Claim / Payment Amount **\$21,649.93**

YTD Amount: **\$21,649.93**

For assistance, please call: Lisa Frediani at (916) 323-7979

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA, CA 95338

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 2,037.55

Gross Claim **\$2,037.55**

Net Claim / Payment Amount **\$2,037.55**

YTD Amount: **\$2,037.55**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH, CA 95482

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 8,681.58

Gross Claim \$8,681.58

Net Claim / Payment Amount \$8,681.58

YTD Amount: \$8,681.58

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO, CA 95798 1311

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 35,306.75

Gross Claim **\$35,306.75**

Net Claim / Payment Amount **\$35,306.75**

YTD Amount: **\$35,306.75**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS, CA 96101

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 22.87

Gross Claim **\$22.87**

Net Claim / Payment Amount **\$22.87**

YTD Amount: **\$22.87**

For assistance, please call: Lisa Frediani at (916) 323-7979

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT, CA 93517

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 48.71

Gross Claim \$48.71

Net Claim / Payment Amount \$48.71

YTD Amount: \$48.71

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 43,039.56

Gross Claim **\$43,039.56**

Net Claim / Payment Amount **\$43,039.56**

YTD Amount: **\$43,039.56**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

NAPA COUNTY TREASURER
1195 THIRD ST RM 108

NAPA, CA 94559 3035

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 16,313.35

Gross Claim **\$16,313.35**

Net Claim / Payment Amount **\$16,313.35**

YTD Amount: **\$16,313.35**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY, CA 95959

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 16,252.92

Gross Claim **\$16,252.92**

Net Claim / Payment Amount **\$16,252.92**

YTD Amount: **\$16,252.92**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO, CA 95798 1024

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 115,063.06

Gross Claim **\$115,063.06**

Net Claim / Payment Amount **\$115,063.06**

YTD Amount: **\$115,063.06**

For assistance, please call: Lisa Frediani at (916) 323-7979

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn, CA 95603

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 75,042.09

Gross Claim **\$75,042.09**

Net Claim / Payment Amount **\$75,042.09**

YTD Amount: **\$75,042.09**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY, CA 95971

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 1,606.63

Gross Claim \$1,606.63

Net Claim / Payment Amount \$1,606.63

YTD Amount: \$1,606.63

For assistance, please call: Lisa Frediani at (916) 323-7979

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO, CA 95812 4035

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 165,385.94

Gross Claim **\$165,385.94**

Net Claim / Payment Amount **\$165,385.94**

YTD Amount: **\$165,385.94**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO, CA 95798 0264

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 448,644.67

Gross Claim **\$448,644.67**

Net Claim / Payment Amount **\$448,644.67**

YTD Amount: **\$448,644.67**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER, CA 95023

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 1,430.96

Gross Claim \$1,430.96

Net Claim / Payment Amount \$1,430.96

YTD Amount: \$1,430.96

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 192,607.38

Gross Claim **\$192,607.38**

Net Claim / Payment Amount **\$192,607.38**

YTD Amount: **\$192,607.38**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN DIEGO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95812 2920

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 265,596.48

Gross Claim **\$265,596.48**

Net Claim / Payment Amount **\$265,596.48**

YTD Amount: **\$265,596.48**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95814 2920

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 399,114.29

Gross Claim **\$399,114.29**

Net Claim / Payment Amount **\$399,114.29**

YTD Amount: **\$399,114.29**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO, CA 95798 1355

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 260,031.65

Gross Claim **\$260,031.65**

Net Claim / Payment Amount **\$260,031.65**

YTD Amount: **\$260,031.65**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO, CA 93406

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 49,858.53

Gross Claim **\$49,858.53**

Net Claim / Payment Amount **\$49,858.53**

YTD Amount: **\$49,858.53**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
Sacramento, CA 95812

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 39,541.92

Gross Claim **\$39,541.92**

Net Claim / Payment Amount **\$39,541.92**

YTD Amount: **\$39,541.92**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA, CA 93102

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 197,216.18

Gross Claim **\$197,216.18**

Net Claim / Payment Amount **\$197,216.18**

YTD Amount: **\$197,216.18**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 95,778.66

Gross Claim **\$95,778.66**

Net Claim / Payment Amount **\$95,778.66**

YTD Amount: **\$95,778.66**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ, CA 95061

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 54,908.48

Gross Claim **\$54,908.48**

Net Claim / Payment Amount **\$54,908.48**

YTD Amount: **\$54,908.48**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 14,203.90

Gross Claim **\$14,203.90**

Net Claim / Payment Amount **\$14,203.90**

YTD Amount: **\$14,203.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE, CA 95936 0376

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 493.33

Gross Claim \$493.33

Net Claim / Payment Amount \$493.33

YTD Amount: \$493.33

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA, CA 96097

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 702.85

Gross Claim **\$702.85**

Net Claim / Payment Amount **\$702.85**

YTD Amount: **\$702.85**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD, CA 94533 6337

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 71,756.27

Gross Claim **\$71,756.27**

Net Claim / Payment Amount **\$71,756.27**

YTD Amount: **\$71,756.27**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO, CA 95812 1204

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 106,057.29

Gross Claim **\$106,057.29**

Net Claim / Payment Amount **\$106,057.29**

YTD Amount: **\$106,057.29**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO, CA 95353 3052

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 124,027.05

Gross Claim **\$124,027.05**

Net Claim / Payment Amount **\$124,027.05**

YTD Amount: **\$124,027.05**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY, CA 95992

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 20,365.33

Gross Claim **\$20,365.33**

Net Claim / Payment Amount **\$20,365.33**

YTD Amount: **\$20,365.33**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF, CA 96080

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 8,821.76

Gross Claim **\$8,821.76**

Net Claim / Payment Amount **\$8,821.76**

YTD Amount: **\$8,821.76**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE, CA 96093 1297

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 130.84

Gross Claim **\$130.84**

Net Claim / Payment Amount **\$130.84**

YTD Amount: **\$130.84**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA, CA 93291

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 129,706.38

Gross Claim \$129,706.38

Net Claim / Payment Amount \$129,706.38

YTD Amount: \$129,706.38

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA, CA 95370

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 1,243.23

Gross Claim **\$1,243.23**

Net Claim / Payment Amount **\$1,243.23**

YTD Amount: **\$1,243.23**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 980307

WEST SACRAMENTO, CA 95798 0307

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 147,159.44

Gross Claim \$147,159.44

Net Claim / Payment Amount \$147,159.44

YTD Amount: \$147,159.44

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND, CA 95695

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 27,346.92

Gross Claim **\$27,346.92**

Net Claim / Payment Amount **\$27,346.92**

YTD Amount: **\$27,346.92**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100056A
PAYMENT ISSUE DATE: 10/07/2011

YUBA COUNTY TREASURER
915 8TH ST STE 103

MARYSVILLE, CA 95901 5273

Financial Activity

Additional Description:

Drug MediCal Subaccount fund per Government Code Section 30028.5(k).
Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Health and Human Services Account

Drug MediCal Subacct apportionment per ABX1 16

Fiscal Year: 2011

Collection Period: 07/01/2011 To 09/15/2011

Payment Calculations:

Drug MediCal Subacct apportionment amount for current period. 63,053.06

Gross Claim **\$63,053.06**

Net Claim / Payment Amount **\$63,053.06**

YTD Amount: **\$63,053.06**

For assistance, please call: Lisa Frediani at (916) 323-7979